FY 2009  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  Application Number 10/501,841  For COMPOSITIONS AND METHODS FOR THE DETECTION, DIAGNOSIS AND THERAPY OF HEMATOLOGICAL MALIGNANCIES  Art Unit Examiner Karen A. Canella  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee  One month (37 CFR 1.17(a)(1))  \$130  \$65  \$	<b>,</b>
Application Number 10/501,841  Filed August 31, 2005  For COMPOSITIONS AND METHODS FOR THE DETECTION, DIAGNOSIS AND THERAPY OF HEMATOLOGICAL MALIGNANCIES  Art Unit 1643  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee	<u> </u>
For COMPOSITIONS AND METHODS FOR THE DETECTION, DIAGNOSIS AND THERAPY OF HEMATOLOGICAL MALIGNANCIES  Art Unit 1643  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee	·
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fee below):  Fee Small Entity Fee	<b>)</b>
<u>Fee</u> <u>Small Entity Fee</u>	
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☐ Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$	
Three months (37 CFR 1.17(a)(3))	
Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$	
Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$	
Applicant claims small entity status. See 37 CFR 1.27.	
A check in the amount of the fee is enclosed.	
Payment by credit card.	
The Director has already been authorized to charge fees in this application to a Deposit Account.	
The Director is hereby authorized to charge the above fees, or credit any overpayment,	
to Deposit Account Number <u>19-1090</u> .	
WARNING: Information on this form may become public. Credit card information should not be	
included on this form. Provide credit card information and authorization on PTO-2038.	
I am the ☐ applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71	
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
🕱 attorney or agent of record. Registration No. <u>42,676</u>	
 ☐ attorney or agent under 37 CFR 1.34.	
Registration number if acting under 37 CFR 1.34	
/Jeffrey Hundley/ April 14, 2010	_
Signature Date	
Jeffrey Hundley, Ph.D., Patent Agent 206-622-4900  Typed or printed name Telephone Number	_
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	red
Submit multiple forms if more than one signature is required.  SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  1600545 1.L	